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PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/624,432	
	Filing Date	07-22-2003	
	First Named Inventor	ROY W. MATTHEW JR.	
	Art Unit	13751	
	Examiner Name	DEWREI PETER T	
Total Number of Pages in This Submission	4	Attorney Docket Number	2M449d

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Remarks		

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Firm Name			
Signature			
Printed name	ROY W. MATTHEW JR.		
Date	4-01-2005	Reg. No.	

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PTO/SB/82 (09-04)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/624,432
	Filing Date	07-22-2003
	First Named Inventor	Roy W. Matteson Jr.
	Art Unit	3751
	Examiner Name	DIANE P. FOST
	Attorney Docket Number	R04492

I hereby revoke all previous powers of attorney given in the above-identified application.

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OR

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Roy W. Matteson Jr.

Address

1732 Spence St.

City

Longmont

State

CO

Zip

80501

Country

U.S.A

Telephone

303-776-4114

Fax

303-776-0489

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Roy W. Matteson Jr.

Date

4-01-2005

Telephone

303-776-4114

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PTO/SB/62 (09-04)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	101624, 432
	Filing Date	07-22-2003
	First Named Inventor	ROY W. MATHSON JR.
	Art Unit	3757
	Examiner Name	DEANE P. KOT
	Attorney Docket Number	DM 4496

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<input checked="" type="checkbox"/> Firm or Individual Name	ROY W. MATHSON JR.				
Address	1732 SPENCER ST.				
City	hempstead	State	co	Zip	80501
Country	U.S.A.				
Telephone	303-776-4114	Fax	303-776-0489		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Paullette C. Ogden		
Name	PAULETTE OGDEN		
Date	04-08-2005	Telephone	303-776-4114

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PTO/SB/82 (09-04)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/624,432
Filing Date	07-22-2003
First Named Inventor	Roy W. Mathison Jr.
Art Unit	3157
Examiner Name	DAVIDE PERET
Attorney Docket Number	DM449A

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☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Roy W. Mathison Jr.				
Address	1730 Fremont St				
City	Longmont	State	CO	Zip	80501
Country	U.S.A.				
Telephone	303-776-4114	Fax	303-776-0489		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Philip I. Ogden		
Date	4-01-2005	Telephone	303-776-4114

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